

COVID-19 TeleHealth Delivery Policy and Procedure Guidance for RI Medicaid

Updated March 31, 2020

Effective March 18, 2020 and until further notice, Rhode Island will reimburse for clinically appropriate, medically necessary covered services, including behavioral health services to members via TeleHealth. This includes both fee-for-service and managed care. Working with CMS, the state is focused on ensuring that Rhode Islanders' access to critical health care services is not impacted by the widespread disruptions caused by COVID-19.

Temporary steps taken to address the COVID-19 emergency include the use of non-HIPAA compliant videoconferencing. The Office of Civil Rights (OCR), within federal Health and Human Services, stated: *"OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency."*

OCR's notice further stated: *"Covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications."*

In alignment with OHIC and commercial payers, and in accordance with CMS guidance, EOHHS will also reimburse telephonic (telephone only) services under TeleHealth services. EOHHS encourages providers to use video capabilities as much as possible.

As part of implementation, RI Medicaid has identified specific fee-for-service codes that are prepared to bill under this policy when billed with a place of service '02' TeleHealth. Fee-for-service codes submitted in this fashion will bill at the same rate as in-person codes. Should you have questions or difficulty billing these fee-for service codes, please call the DXC Provider Line at 401-784-8100.

Should you believe that additional fee-for-service codes are medically necessary and clinically appropriate to be delivered via TeleHealth that are not included below, please contact Marti Rosenberg at Marti.Rosenberg@ohhs.ri.gov. Marti will collect requests for review by RI Medicaid.

Pursuant to this policy, all non-essential home visits should be stopped, and contact should be carried out by phone or video conference instead if possible. If codes used for billing are not included below, please email Marti Rosenberg as described above.

Rhode Island Medicaid's Managed Care Organizations; Neighborhood Health Plan of Rhode Island, Tufts Health Plan, and UnitedHealthcare; are working on providing similar TeleHealth options that align with Medicaid and OHIC guidance. Further information will be provided as it

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becomes available. We encourage providers with MCO specific questions to call their provider representatives.

This rule applies to actively participating Medicaid providers as outlined below.

Medicaid Physicians & Federally Qualified Health Care (FQHC) Providers

The procedure codes listed below will be reimbursable when billed with a place of service '02' TeleHealth, claims should be sent to MMIS in a professional or outpatient claims format only. The codes listed below have a maximum limit of one unit for each date of service

Procedure Code	Description
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

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99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.
X1000	Triage in response to COVID-19 5-10 mins
99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval

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	history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.
99315	Nursing facility discharge day management; 30 minutes or less
99316	Nursing facility discharge day management; more than 30 minutes
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.

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99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services
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Dental Providers, inclusive of Federally Qualified Health Centers (FQHCs)

Effective immediately, and during the COVID-19 emergency response period, the procedure codes listed below will be reimbursable when billed with a place of service '02'

TeleHealth. Dental claims should be submitted to the MMIS in the customary format. The codes listed below have a maximum limit of one unit for each date of service.

Procedure Code	Description
D9992	Case Management-Care Coordination; phone call with a patient to discuss next steps by a dentist
D9310	Consultation; emergency evaluation via video conference by a dentist with the patient regarding their problem, including obtaining diagnostic information and assessment, resulting in next steps, including prescribing medication if needed.

HIV Case Management

Procedure Code	Description
X3077	Targeted Case Management for HIV

Home-Based Therapeutic Services/Applied Behavior Analysis

Procedure Code	Description
H2014 HO	Skills train and dev, 15 min Masters degree or higher
H2014 HP	Skills train and dev, 15 min doctoral degree
T1016	Case management, each 15 minutes
H0046	Mental health service, nos
H0046 HO	Mental health service, nos Masters degree or higher
H0046 HP	Mental health service, nos Doctoral Degree
T1013	Translation services SIGN LANGUAGE OR ORAL INTERPRETER SERVICES

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T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinate care to multiple or severely handicapped children, per encounter
S9446	Patient education, not otherwise classified, non-physician provider, group, per session

Personal Assistance Services and Supports

Procedure Code	Description
T1016	Case management, each 15 minutes
T1027	Family training and counseling for child development, per 15 minutes
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
T1019 TF	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant/intermediate level of care)
T1019 TG	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant/Complex/high tech level of care)
S9446	Patient education, not otherwise classified, non-physician provider, group, per session

Child and Adolescent Intensive Treatment Services

Procedure Code	Description
H0004	Behavioral health counseling and therapy, per 15 minutes
H2014	Skills train and dev, 15 min

Early Intervention

Procedure Code	Description
T1027	Family training and counseling for child development, per 15 minutes
T1027 AJ	Family training and counseling for child development, per 15 minutes Clinical Social Worker

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T1027 GN	Family training and counseling for child development, per 15 minutes, services delivered under an outpatient speech-lang
T1027 GP	Family training and counseling for child development, per 15 minutes; service delivered personally by a physical therapist
T1027 HP	Family training and counseling for child development, per 15 minutes; doctoral level
T1027 TG	Family training and counseling for child development, per 15 minutes; complex / high tech level of care
T1027 TG HO	Family training and counseling for child development, per 15 minutes; complex/high tech level of care/masters degree level
T1027 GO	Family training and counseling for child development, per 15 minutes; service delivered personally by an occupational
T1027 HN	Family training and counseling for child development, per 15 minutes; bachelor's degree level
T1027 TD	Family training and counseling for child development, per 15 minutes; rn
T1027 AE	Family training and counseling for child development, per 15 minutes; nutritionist dietitian
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter
T1023 TL	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter/ early intervention/individualized family service plan
H2000	Comprehensive multidisciplinary evaluation
S9446	Patient education, not otherwise classified, non-physician provider, group, per session

Home Care/Hospice

Procedure Code	Description
T1001	Nursing assessment/evaluation
X0043	Home health nursing and therapy This must include a video component unless provided by RN. If provided by RN telephone only is allowable
G0155	Services of clinical social worker in home health or hospice setting, each 15 minutes
G0299	Direct skilled nursing services of a registered nurse in the home health or hospice setting, each 15 minutes
T1002	RN nurse service/15 minutes

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T1003	LPN/LVN services, up to 15 minutes
T1031	Nursing care, in the home, by licensed practical nurse, per diem
G0156	Services of home health/hospice aide in home health or hospice setting, each 15 minutes
S5125	Attendant care services; per 15 minutes
T1000	Private duty/independent nursing service(s) – Licensed, up to 15 minutes/LPN

First Connections

Procedure Code	Description
P009	Newborn affected by unspecified maternal condition; 0-6 Months
R6250	Unspecified lack of expected normal physiological development; 6 months – 3 years
99502	Home visit newborn care and assessment; Paraprofessional
99502 TD	Home visit newborn care and assessment; Nurse
99502 AJ	Home visit newborn care and assessment; Social Worker

Adult Day

Procedure Code	Description
T1016	Case Management, per 15 minutes. Can only be provided for Medicaid recipient who is not in a waiver program and recipients in OHA programs

Developmental Disabilities

Procedure Code	Description
T2017	Habilitation, residential, waiver; 15 minutes
T2017 UD	Habilitation, educational, waiver, per 15 minutes/Medicaid level of care 13 state defined
T2017 UD U8	Habilitation, educational, waiver, per 15 minutes/Medicaid level of care 13 state defined/Medicaid level of care 8, as defined by each state
T2021 U8	Day habilitation, waiver, per 15 minutes/Medicaid level of care 8, as defined by each state

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Local Education Agencies (LEA)

The procedure codes listed in the *Rhode Island Medicaid Direct Services Guidebook for Local Education Agencies (LEAs) - January 2020* and the *LEA Guidebook Addenda - January 2020* will be reimbursable when billed with a place of service '02' TeleHealth. Claims should be sent to MMIS in a professional or outpatient claims format only. Services delivered shall be medically necessary, detailed in the child's Individualized Education Program (IEP) and documented according to the LEA Guidebooks referenced above.

RI Medicaid FFS Behavioral and Mental Health Services

The procedure codes and procedure/modifiers listed below will be reimbursable at their existing in-home or in-office-setting rates when billed with place of service '02', Telehealth. All code unit-of-service limits remain unchanged and claims should continue to be billed in their customary format.

Physician

Procedure Code	Description
90792	Psychiatric diagnostic interview examination including history, mental status, or disposition
90846	Family psychotherapy (without the patient present)
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)
90853	Group psychotherapy (other than of a multiple family group)
X1000	Triage in response to COVID-19 5-10 mins

Registered Nurse

Procedure Code	Description
90791 TD	Psychiatric diagnostic evaluation without medical services
99211 TD	Office or other outpatient visit for the evaluation and management of established patient

Certified Ph.D. Psychologist

Procedure Code	Description
90791 HP	Psychiatric diagnostic evaluation without medical services

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90832 HP	Psychotherapy, 30 minutes with patient and/or family member
90834 HP	Psychotherapy, 45 minutes with patient and/or family member
90837 HP	Psychotherapy, 60 minutes with patient and/or family member
90846 HP	Family psychotherapy (without the patient present)
90847 HP	Family psychotherapy (conjoint psychotherapy) (with patient present)

MSW Social Worker; Principal Occupational Therapist; Principal Rehabilitation Counselor

Procedure Code	Description
90791 AJ	Psychiatric diagnostic evaluation without medical services
90832 AJ	Psychotherapy, 30 minutes with patient and/or family member
90834 AJ	Psychotherapy, 45 minutes with patient and/or family member
90837 AJ	Psychotherapy, 60 minutes with patient and/or family member
90846 AJ	Family psychotherapy (without the patient present)
90847 AJ	Family psychotherapy (conjoint psychotherapy) (with patient present)

Marriage and Family Therapist

Procedure Code	Description
90791 HO	Psychiatric diagnostic evaluation without medical services
90832 HO	Psychotherapy, 30 minutes with patient and/or family member
90834 HO	Psychotherapy, 45 minutes with patient and/or family member
90837 HO	Psychotherapy, 60 minutes with patient and/or family member
90846 HO	Family psychotherapy (without the patient present)
90847 HO	Family psychotherapy (conjoint psychotherapy) (with patient present)

Mental Health Counselor

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Procedure Code	Description
90791 HO	Mental health assessment by non-physician, 90 minutes
90832 HO	Psychotherapy, 30 minutes with patient and/or family member
90834 HO	Psychotherapy, 45 minutes with patient and/or family member
90837 HO	Psychotherapy, 60 minutes with patient and/or family member
90846 HO	Family psychotherapy (without the patient present)
90847 HO	Family psychotherapy (conjoint psychotherapy) (with patient present)

Principal Counselor

Procedure Code	Description
90791 UA	Psychiatric diagnostic evaluation without medical services
90832 UA	Psychotherapy, 30 minutes with patient and/or family member
90834 UA	Psychotherapy, 45 minutes with patient and/or family member
90837 UA	Psychotherapy, 60 minutes with patient and/or family member
90846 UA	Family psychotherapy (without the patient present)
90847 UA	Family psychotherapy (conjoint psychotherapy) (with patient present)

Counselor

Procedure Code	Description
90791 UA	Psychiatric diagnostic evaluation without medical services
90832 UA	Psychotherapy, 30 minutes with patient and/or family member
90834 UA	Psychotherapy, 45 minutes with patient and/or family member
90837 UA	Psychotherapy, 60 minutes with patient and/or family member

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90846 UA	Family psychotherapy (without the patient present)
90847 UA	Family psychotherapy (conjoint psychotherapy) (with patient present)

Child Mental Health Physician

Procedure Code	Description
90791	Psychiatric diagnostic interview examination including history, mental status, or disposition
90837	Psychotherapy, office/outpatient facility, 60 minutes face to face with the patient
90834	Psychotherapy, 45 minutes with patient and/or family member
90832	Psychotherapy, 30 minutes with patient and/or family member
H2010	Comprehensive medication services, per 15 minutes

Child Mental Health Psychologist

Procedure Code	Description
90791 HP	Psychiatric diagnostic interview examination including history, mental status, or disposition
90837 HP	Psychotherapy office/outpatient facility, 60 minutes face to face with the patient
90834 HP	Psychotherapy 45 minutes with patient and/or family member
90832 HP	Psychotherapy 30 minutes with patient and/or family member

Child Mental Health Social Worker

Procedure Code	Description
H0031 AJ	Mental health assessment by non-physician
H0004 AJ	Behavioral health counseling and therapy, per 15 minutes
H0004 HQ AJ	Group behavioral health counseling and therapy, per 15 minutes
H0004 HO HR	Behavioral health counseling and therapy, per 15 minutes with patient present
H0004 HO HS	Behavioral health counseling and therapy, per 15 minutes without patient present

Peer Recovery

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Procedure Code	Description
H0038 U2	Self-help/peer services, per 15 minutes
H0038 U3	Self-help/peer services, per 15 minutes

Centers of Excellence

Procedure Code	Description
H0025	Behavioral Health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)

Substance Abuse

Procedure Code	Description
H0001	Alcohol and/or Drug assessment, 60 – 90 minutes
H0004	Behavioral health counseling and therapy, per 15 minutes
H0020	Alcohol and/or drug services; methadone administration and/or service 1 unit/week
H0020 U1	Alcohol and/or drug services; methadone administration and/or service 1 unit/week
H0036 HN	Community psychiatric supportive treatment, face-to-face, per 15 minutes/bachelor's degree level

Licensed Chemical Dependency Professional

Procedure Code	Description
90791 HF	Psychiatric diagnostic evaluation without medical services
90832 HF	Psychotherapy, 30 minutes with patient and/or family member
90834 HF	Psychotherapy, 45 minutes with patient and/or family member
90837 HF	Psychotherapy, 60 minutes with patient and/or family member
90846 HF	Family psychotherapy (without the patient present)
90847 HF	Family psychotherapy (conjoint psychotherapy) (with patient present)

Coordinated Care Services

Procedure Code	Description
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H2011 U1	Crisis intervention service, per 15 minutes
H0037	Community psychiatric supportive treatment program, per diem
H0040	Assertive community treatment program, per diem
X1000	Triage in response to COVID-19 5-10 mins
H2031	Mental Health clubhouse services, per diem
H2024	Supported employment, per diem
S9485	BH Link Encounter

Psychiatrist

Procedure Code	Description
90792	Psychiatric diagnostic evaluation with medical services
90846	Family psychotherapy (without the patient present)
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)
99212	Office or other outpatient visit for the evaluation and management of an established patient
99213	Office or other outpatient visit for the evaluation and management of an established patient
99214	Office or other outpatient visit for the evaluation and management of an established patient
99215	Office or other outpatient visit for the evaluation and management of an established patient
90833	Psychotherapy, 30 minutes with patient &/or family member when performed with an evaluation and management service
90838	Psychotherapy, 60 minutes with patient &/or family member when performed with an evaluation and management service

Psychiatric Clinical Nurse Specialist

Procedure Code	Description
90792 TD TF	Psychiatric diagnostic evaluation with medical services

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90846 TD TF	Family psychotherapy (without the patient present)
90847 TD TF	Family psychotherapy (conjoint psychotherapy) (with patient present)
99212 TD TF	Office or other outpatient visit for the evaluation and management of an established patient
99213 TD TF	Office or other outpatient visit for the evaluation and management of an established patient
99214 TD TF	Office or other outpatient visit for the evaluation and management of an established patient
99215 TD TF	Office or other outpatient visit for the evaluation and management of an established patient
90833 TD TF	Psychotherapy, 30 minutes with patient &/or family member when performed with an evaluation and management service
90838 TD TF	Psychotherapy, 60 minutes with patient &/or family member when performed with an evaluation and management service